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Atty Dkt No. PP00332.105
2300-0332.01
PATENT

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on:

8/31/04
Date


Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

ABRIGNANI

Confirmation No.: 9892

Serial No.: 09/520,248

Art Unit: 1644

Filing Date: March 7, 2000

Examiner: R. Schwadron

Title: T CELL ACTIVATION

AMENDMENT UNDER 37 CFR §1.116

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed July 2, 2004, with a shortened statutory period of three months for response. However, because this response is submitted within two-months of the date of mailing (namely, by September 2, 2004), **expedited procedure after final** is requested. Reconsideration of the application in view of the following amendments and remarks is respectfully requested.

A listing of claims begins on page 2 of this paper.

Remarks begin on page 3 of this paper.



Atty Dkt No. PP00332.105
USSN: 09/520,248
PATENT

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Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

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In Re Application of:

ABRIGNANI

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Title: T CELL ACTIVATION

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of July 2, 2004.

☐ Applicants request an extension of time for months. Enclosed is a check to cover the \$ fee.

☒ No additional fee is required.

☒ Also enclosed: Return Postcard.

No. of Claims After Amendment	Most Claims Previously Paid				Extra Claims			Additional Fee	
A. Total Claims	5	-	20	=	0	x	\$18	=	\$0
B. Ind. Claims	2	-	3	=	0	x	\$86	=	\$0
C. If amended to contain multiple dependent claims, add 280							\$290	=	\$0
D. Total Amendment Fee (Total of A, B & C)								=	\$0
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	\$0
F. Total Amendment Fee (D minus E)								=	\$0

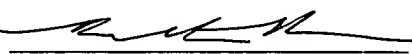
___ A check for \$ to cover the extension of time fee and extra claims fee is attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 8/31/04

By: 
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